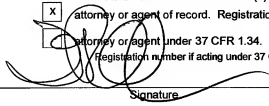


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> 4436-0127PUS1	
Application Number      10/580,038-Conf. #8945		Filed      February 28, 2007	
For      HEARING AID WITH ACTIVE NOISE CANCELING			
Art Unit      8945		Examiner      Ensey, Brian	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65      \$ 130.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175      \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,439</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		<b>FEB 26 2009</b> _____ Date	
_____ D. Richard Anderson Typed or printed name		_____ (703) 205-8035 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			